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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/504,735 02/16/2000
 which is a DIV of 08/338,368 11/14/1994 PAT 6,110,721
 which is a CIP of 08/258,038 06/10/1994 ABN
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CJZ

** FOREIGN APPLICATIONS *****

NONE CJZ

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature	<i>Mark L. Bosse</i>	Initials	10	14	2

ADDRESS

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TITLE

Novel polypeptides and coagulation therapy

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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